

FILED APR 7 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

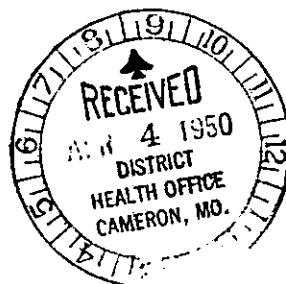
State File No. _____

9523

BIRTH NO. _____		REG. DIST. NO. <u>182</u>		PRIMARY REG. DIST. NO. <u>4298</u>		Registrar's No. <u>48</u>									
1. PLACE OF DEATH a. COUNTY <u>Linn</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Linn</u>											
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Linn</u>		c. LENGTH OF STAY (in this place) <u>None</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Linn MO 0580</u>											
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>				d. STREET ADDRESS (If rural, give location)											
3. NAME OF DECEASED (Type or Print) <u>LeeLo Taggart</u>			a. (First)			b. (Middle)			c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>March 26 1950</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widow</u>		8. DATE OF BIRTH <u>January 2-1899 93-12-27</u>			9. AGE (In years last birthday) <u>50</u>			10. IF UNDER 1 YEAR Months <u>1</u> Days <u>27</u> Hours <u>1</u> Min. <u>0</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country) <u>Linn Co MO 0</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Joseph L. Moore</u>				13b. MOTHER'S MAIDEN NAME <u>Sophia Root</u>				14. NAME OF HUSBAND OR WIFE							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. <u>no</u>				17. INFORMANT'S SIGNATURE OR NAME <u>Herman Taggart Linn MO</u>							
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardio-vascular renal disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Atherosclerosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH <u>1 month</u> <u>5 yrs</u> <u>4 1/2</u>											
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION								20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)				21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)				21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>m.</u>				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR?							
22. I hereby certify that I attended the deceased from <u>March 2, 1950</u> to <u>March 26, 1950</u> , that I last saw the deceased alive on <u>March 22, 1950</u> , and that death occurred at <u>1 P. m.</u> from the causes and on the date stated above.															
23a. SIGNATURE <u>H. L. Sherman D.O.</u>				23b. ADDRESS <u>Linn MO</u>				23c. DATE SIGNED <u>3-28-50</u>							
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>				24b. DATE <u>Mar. 28-1950</u>				24c. NAME OF CEMETERY OR CREMATORY <u>P.O.C.F.</u>				24d. LOCATION (City, town, or county) (State) <u>Linn MO</u>			
DATE REC'D BY LOCAL REG. <u>April 7-50</u>				REGISTRAR'S SIGNATURE <u>Mrs. Bridie Kelley</u>				16555. FUNERAL DIRECTOR'S SIGNATURE <u>Brother's Funeral Home</u>				ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student owner _____
Student Embalmer

Signed

J. M. Thiers

Licensed Embalmer No. 2001

P. O. Address Lincoln, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.